Approved For Relead UNCLASSIFIED UNCLASSIFIED USE	ROUTING		RECOR	D SHEET
SUBJECT: (Optional)				
FROM:		extension	NO.	
Chief, CI Staff				DATE
TO: (Officer designation, room number, and building)	DATE		OFFICER'S	COMMENTS (Number each comment to show from who
	RECEIVED	FORWARDED	INITIALS	to whom. Draw a line across column after each comment
DDS/OS 4 E 60				
2.				
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